

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30105**DECEASED **DOCT 9 1951**

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>382</b>   |  | PRIMARY REG. DIST. NO. <b>4228</b>  |  | Registrar's No. <b>23</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howard</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b> |  |  |  |
| b. CITY OR TOWN <b>Glasgow</b>   |  | c. LENGTH OF STAY (In this place) <b>16 yrs.</b>  |  | c. CITY OR TOWN <b>Glasgow</b>  |  | 0450   |  |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Drowned Missouri River</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>0</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <b>Gerald</b>  |  | b. (Middle) <b>William</b>  |  | c. (Last) <b>Yung</b>  |  |
| 4. DATE OF DEATH   |  | (Month) <b>Sept.</b>  |  | (Day) <b>20</b>   |  | (Year) <b>1951</b>   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>   |  | 8. DATE OF BIRTH <b>Nov. 12, 1934</b>  |  |
| 9. AGE (In years last birthday) <b>16</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocerman</b> |  | 10a. KIND OF BUSINESS OR INDUSTRY <b>Retail Groceries</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>                        |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  | 13a. FATHER'S NAME <b>Clarence Yung</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Genevieve Haspelt</b>  |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>498-32-0999</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Clarence Yung</b>  |  | 18. ADDRESS <b>Glasgow, Mo.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.          |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning</b>                                |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>Sept 20</b>   |  |  |  |
| 19a. DATE OF OPERATION   |  |   |  | 19b. MAJOR FINDINGS OF OPERATION <b>045</b>   |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Mo. River</b>         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Glasgow Howard Mo</b>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      |  | 21f. HOW DID INJURY OCCUR? <b>92.98 42</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:15 P.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE <b>W. Blum</b> (Degree or title) <b>M.D.</b>  |  |   |  | 23b. ADDRESS <b>Fayette Mo</b>  |  | 23c. DATE SIGNED <b>10-1-51</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>Sept. 28, 1951</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Glasgow Mo.</b>                 |  |
| 25. DATE REC'D BY LOCAL REG. <b>Oct. 1, 1951</b>   |  | 25a. REGISTRAR'S SIGNATURE <b>Walker Rudolph</b>  |  | 25b. GENERAL DIRECTOR'S SIGNATURE <b>Rudolph</b>  |  | 25c. ADDRESS <b>Frimont Glasgow, Mo.</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-8-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Not Embalmed*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.